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EXAMINER	
KAPLAN, BENJAMIN A	

ART UNIT	PAPER NUMBER
2139	

NOTIFICATION DATE	DELIVERY MODE
03/26/2008	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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Office Action Summary	Application No.	Applicant(s)	
	10/605,803	MINOGUE ET AL.	
	Examiner	Art Unit	
	BENJAMIN A. KAPLAN	2139	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *25 February 2008*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-29* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-29* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on *25 February 2008* is/are: a)☒ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

1. Claims 1-29 are pending.

2. Claim 21 is amended.

3. Claims 1-29 are rejected.

Response to Arguments and Amendment

4. The objections to the drawings and specification are withdrawn.

5. The rejections for Double Patenting have been withdrawn.

6. The rejection of claims 21-29 under 35 USC § 101 has been withdrawn.

7. Applicant's arguments filed 12/17/2008 have been fully considered but they are not persuasive. In substance applicant argued that:

a) The art of record does not teach, suggest, or disclose a verification script received by an in-field device

Examiner maintains that applicant's "verification script to at least confirm enableability of the option" in the claim language is functionally equivalent to Fenstemaker et al.'s code that is unique to a corresponding feature (e.g., a secret feature name) and verifying of the received key to ensure that it will enable the feature.

b) The art of record does not teach, suggest, or disclose a system having an in-field device programmed to send a report generated by the verification script to the centralized facility indicating the current status of the in-field device

The key request is merely a request, and the acknowledgement merely acknowledges that the key had been received.

Examiner maintains that an indication of the current status of the device is provided by the acknowledgement or lack there of as this not only indicates the key was received but that it will work as well otherwise an error message could be sent in it's place.

c) The art of record does not teach, suggest, or disclose a system having an in-field device programmed to install the activation key to activate the option if the current status of the in-field device is determined to be satisfactory by the centralized facility.

Examiner maintains that Fenstemaker et al.'s activation of a key being valid is equivalent to applicant's requesting activation of a key as illustrated in applicant's claim language.

d) Fenstemaker et al. does not teach that the code is executable in an infield device.

Examiner maintains that Fenstemaker et al.'s ultrasound device having hardware and software has the capacity to include an executable element as illustrated in applicants claim language.

Claim Rejections - 35 USC § 102

8. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

9. Claims 1-6 & 8 are rejected under 35 U.S.C. 102(e) as being anticipated by Fenstemaker et al. (Patent No.: 6,490,684).

As Per Claim 1: Fenstemaker et al. teaches:

- An automated method of remotely activating options resident on a device comprising the steps of:

(Fenstemaker et al., Abstract, Lines 11-15, "because the necessary hardware is factory-installed in and shipped with the ultrasound device, a user who desires the temporary or permanent use of a hardware feature can enable the feature without taking the ultrasound device off-line.").

- generating an activation key configured to activate an option resident in a memory of an in-field device

(Fenstemaker et al., Specification, Column 3, Lines 35-38, "the key is generated by the remote source (step 420) and transmitted to the ultrasound device 100 via the key receiver 150, which can be, for example, a network link or modem").

- selecting a verification script to at least confirm enableability of the option in the in-field device

(Fenstemaker et al., Specification, Column 4, Lines 49-51, "The key preferably also comprises a code that is unique to a corresponding feature (e.g., a secret feature name).").

(Fenstemaker et al., Specification, Column 3, Lines 41-43, "it is preferred that the feature control manager 130 verify the received key to ensure that it will enable the feature").

- sending the activation key and the verification script to the in-field device wherein the in-field device is capable of executing the verification script

(Fenstemaker et al., Specification, Column 3, Lines 35-38, as seen previously in this rejection).

- receiving a report from the in-field device; and if the report is satisfactory, installing the activation key in the in-field device whereby the option is activated and if the report is not satisfactory, aborting activation of the option

(Fenstemaker et al., Specification, Column 3, Lines 41-43, as seen previously in this rejection).

(Fenstemaker et al., Specification, Column 3, Lines 44-46, "If an acknowledgement is not received or if an error message is generated, the remote source can retransmit the key").

As Per Claim 2: The rejection of claim 1 is incorporated and further Fenstemaker et al. teaches:

- the step of generating the activation key to be unique to the in-field device

(Fenstemaker et al., Specification, Column 4, Lines 46-48, "In one preferred embodiment, the key comprises information that is unique to the ultrasound device, such as a serial number.").

As Per Claim 3: The rejection of claim 1 is incorporated and further Fenstemaker et al. teaches:

- the step of bundling the activation key and the verification script together and wherein the step of sending the activation key and the verification script to the in-field device includes sending the bundle

(Fenstemaker et al., Specification, Column 4, Lines 49-51, as seen in the rejection of claim 1).

(Fenstemaker et al., Specification, Column 3, Lines 35-38, as seen in the rejection of claim 1).

As Per Claim 4: The rejection of claim 1 is incorporated and further it is inherent that the report is automatically generated when executed.

As Per Claim 5: The rejection of claim 4 is incorporated and further Fenstemaker et al. teaches:

- the step of selecting includes selecting the verification script to provide the report including at least one of:

- options currently active

- options supported by the in-field device

- dependencies of options supported by the in-field device

(Fenstemaker et al., Specification, Column 3, Lines 17-26, "It is preferred that the feature control manager 130 verify the received key to ensure that it will enable the requested feature and provide an acknowledgement of the verification to the user (step 340). For example, if the key is verified, the feature control manager 130 can provide the user with an updated list showing which features are enabled and which are disabled. Additionally, if the key fails, the feature control manager 130 can display a failure message to the user. It is important to note that although the method described above is preferred, other methods can be used.").

As Per Claim 6: The rejection of claim 5 is incorporated and further Fenstemaker et al. teaches:

- the step of determining, from the report, whether the option to be activated is one of currently active, not supported by the in-field device, and requires dependent activations and, if the determination is positive, deeming the report unsatisfactory

(Fenstemaker et al., Specification, Column 3, Lines 41-43, as seen in the rejection of claim 1).

(Fenstemaker et al., Specification, Column 3, Lines 44-46, as seen in the rejection of claim 1).

As Per Claim 8: The rejection of claim 1 is incorporated and further Fenstemaker et al. teaches:

- the step of monitoring use of the option and providing a warning of an expiration of the activation key

(Fenstemaker et al., Specification, Column 4, Lines 25-27, "An application 110 can alert a user when a feature is about to expire.").

Claim Rejections - 35 USC § 103

10. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

11. Claims 7 & 9-29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fenstemaker et al. in further view of Zhang et al. (Patent Application Publication No.: US 2002/0152400 A1).

As Per Claim 7: The rejection of claim 6 is incorporated and Fenstemaker et al. does not explicitly teach the following limitation:

However Zhang et al. in analogous art teaches the above limitation:

- the step of sending a message prompting contact with a centralized facility if the report is unsatisfactory

(Zhang et al., Specification, Paragraph [0032], Lines 13-16, "To further assist users or customers having an unqualified customer status 118, 120, the customer is prompted to contact a customer service representative at the centralized facility 122").

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to take advantage of the information exchange and control mechanisms provided by the use of

a centralized facility and to have a mechanism for easily assisting users or customers having difficulty for any reason.

As Per Claim 9: The rejection of claim 1 is incorporated and further Fenstemaker et al. teaches:

- the step of generating the activation key upon receiving an access request from the in-field device

(Fenstemaker et al., Drawings, Figure 4, Element 420).

Fenstemaker et al. does not teach the following limitation:

- at a centralized facility

However Zhang et al. in analogous art teaches the above limitation:

(Zhang et al., Specification, Paragraph [0002], "Information exchange between a centralized facility and remote medical diagnostic devices and supporting systems, such as medical imaging systems, has steadily improved in recent years. Examples of some medical devices and systems capable of exchanging information remotely include magnetic resonance imaging (MRI) systems, computed tomography (CT) systems, ultrasound and x-ray systems, and positron emission tomography (PET) systems. Typically, these systems are factory configured with several activated options including options that a particular customer may not utilize. Some known systems permit a user to "configure" a device to its needs, but these systems require the user to determine and,

often, guess as to what features will be needed in the future. To further complicate matters, customers owning multiple devices often network these devices even though they have different options activated.").

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to take advantage of the advances in information exchange and control mechanisms provided by the use of a centralized facility.

As Per Claim 10: The rejection of claim 9 is incorporated and Fenstemaker et al. does not explicitly teach the following limitation:

- the step of receiving a system ID as part of the access request, wherein the system ID is a unique identifier of a customer initiating the access request

However Zhang et al. in analogous art teaches the above limitation:

(Zhang et al., Specification, Paragraph [0029], Lines 1-4, "From a centralized facility, and after appropriate authentication of the user and validation of the system identification and customer's status, an electronic enabler or activation key is generated in the centralized facility").

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to have

the capability of accurately identifying the customer and device that will be seeking enablement.

As Per Claim 11: The rejection of claim 10 is incorporated and Fenstemaker et al. does not explicitly teach the following limitation:

- the step of verifying whether the access request and system ID are valid

However Zhang et al. in analogous art teaches the above limitation:

(Zhang et al., Specification, Paragraph [0030], Lines 18-24, "then the centralized facility validates the system identifier or system ID at 112. If the system identifier is invalid 114, e.g., does not indicate that the selected device is capable of supporting the software option requested, then the customer is prompted to enter a new system identifier at 110. If the system identification is valid 116, then the customer's status is verified at 118.").

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to validate the customer and request in order to ensure ahead of time that the requested option will be supported.

As Per Claim 12: The rejection of claim 1 is incorporated and Fenstemaker et al. does not explicitly teach the following limitation:

However Zhang et al. in analogous art teaches the above limitation:

- the in-field device is configured for medical imaging

(Zhang et al., Specification, Paragraph [0006], "There is a need for a system where a customer would have the ability to request indefinite access to and use of an inactivated option preinstalled in memory of a device remotely located from a centralized facility. Often, healthcare or other facilities may desire to minimize initial purchase price expenditures, employee training sessions, or other expenses by limiting the number of options that are activated.")

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to have incremental service available to the types of devices where the organization or facilities purchasing the device may desire to minimize initial purchase price expenditures.

As Per Claim 13: Fenstemaker et al. teaches:

- A system to respond to a request to remotely enable an option resident on an in-field device, the system comprising:

(Fenstemaker et al., Abstract, Lines 11-15, "because the necessary hardware is factory-installed in and shipped with the ultrasound device, a user who desires the

temporary or permanent use of a hardware feature can enable the feature without taking the ultrasound device off-line.").

- select a verification script to check that the in-field device is in condition to activate the inactive option

(Fenstemaker et al., Specification, Column 4, Lines 49-51, "The key preferably also comprises a code that is unique to a corresponding feature (e.g., a secret feature name).").

(Fenstemaker et al., Specification, Column 3, Lines 41-43, "it is preferred that the feature control manager 130 verify the received key to ensure that it will enable the feature").

- send the verification script to the in-field device wherein the in-field device is capable of executing the verification script

(Fenstemaker et al., Specification, Column 3, Lines 35-38, "the key is generated by the remote source (step 420) and transmitted to the ultrasound device 100 via the key receiver 150, which can be, for example, a network link or modem").

- install an activation key in the in-field device to activate the inactive option if the verification script indicates that the in-field device is in condition to activate the inactive option

(Fenstemaker et al., Specification, Column 3, Lines 41-43, "it is preferred that the feature control manager 130 verify the received key to ensure that it will enable the feature").

(Fenstemaker et al., Specification, Column 3, Lines 44-46, "If an acknowledgement is not received or if an error message is generated, the remote source can retransmit the key").

Fenstemaker et al. does not teach the following limitation:

- a centralized facility located remotely from an in-field device having an inactive option, and the centralized facility having at least one access computer

However Zhang et al. in analogous art teaches the above limitation:

(Zhang et al., Specification, Paragraph [0002], "Information exchange between a centralized facility and remote medical diagnostic devices and supporting systems, such as medical imaging systems, has steadily improved in recent years. Examples of some medical devices and systems capable of exchanging information remotely include magnetic resonance imaging (MRI) systems, computed tomography (CT) systems, ultrasound and x-ray systems, and positron emission tomography (PET) systems. Typically, these systems are factory configured with several activated options including options that a particular customer may not utilize. Some known systems permit a user to "configure" a device to its needs, but these systems require the user to determine and, often, guess as to what features will be needed in the future. To further complicate

matters, customers owning multiple devices often network these devices even though they have different options activated.").

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to take advantage of the advances in information exchange and control mechanisms provided by the use of a centralized facility.

As Per Claim 14: The rejection of claim 13 is incorporated and further Fenstemaker et al. teaches:

- the computer is further programmed to generate an activation key upon receipt of an access request from the in-field device

(Fenstemaker et al., Drawings, Figure 4, Element 420).

As Per Claim 15: The rejection of claim 14 is incorporated and further Fenstemaker et al. teaches:

- the activation key is based upon a unique host ID received from the in-field device

(Fenstemaker et al., Specification, Column 4, Lines 46-48, "In one preferred embodiment, the key comprises information that is unique to the ultrasound device, such as a serial number.").

As Per Claim 16: The rejection of claim 15 is incorporated and further Fenstemaker et al. teaches:

- the computer is further programmed to electronically transmit the activation key to the in-field device to active the inactive option

(Fenstemaker et al., Specification, Column 3, Lines 35-38, as seen in the rejection of claim 13).

As Per Claim 17: The rejection of claim 13 is incorporated and further: It is inherent that a given device must support a given option in order for it to be in a condition to activate a given option.

As Per Claim 18: The rejection of claim 17 is incorporated and further the limitations of claim 18 are substantially the same as the limitations of claim 6 and are rejected under substantially the same reasoning.

As Per Claim 19: The rejection of claim 13 is incorporated and Fenstemaker et al. does not explicitly teach the following limitation:

- the computer is further programmed to send a notification to contact the centralized facility if the in-field device is not in condition to activate the inactive option

However Zhang et al. in analogous art teaches the above limitation:

(Zhang et al., Specification, Paragraph [0032], Lines 13-16, "To further assist users or customers having an unqualified customer status 118, 120, the customer is prompted to contact a customer service representative at the centralized facility 122").

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to provided a means to assist a customer in knowing correctly who to contact in the case of their being unable to activate a desired piece of functionality.

As Per Claim 20: The rejection of claim 13 is incorporated and Fenstemaker et al. does not explicitly teach the following limitation:

- the in-field device is a medical imaging device

However Zhang et al. in analogous art teaches the above limitation:

(Zhang et al., Specification, Paragraph [0006], "There is a need for a system where a customer would have the ability to request indefinite access to and use of an inactivated option preinstalled in memory of a device remotely located from a

centralized facility. Often, healthcare or other facilities may desire to minimize initial purchase price expenditures, employee training sessions, or other expenses by limiting the number of options that are activated.")

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to have incremental service available to the types of devices where the organization or facilities purchasing the device may desire to minimize initial purchase price expenditures.

As Per Claim 21: Fenstemaker et al. teaches:

- A system to remotely enable an option resident on an in-field device, the system comprising:

(Fenstemaker et al., Abstract, Lines 11-15, "because the necessary hardware is factory-installed in and shipped with the ultrasound device, a user who desires the temporary or permanent use of a hardware feature can enable the feature without taking the ultrasound device off-line.").

- an in-field device located remotely from a centralized facility and comprising a computer programmed to:

(Fenstemaker et al., Specification, Column 3, Lines 35-38, "the key is generated by the remote source (step 420) and transmitted to the ultrasound device 100 via the key receiver 150, which can be, for example, a network link or modem").

- send an access request to the centralized facility to request activation of an option of the in-field device;

(Fenstemaker et al., Specification, Column 3, Lines 29-31, "the key is generated by the remote source (step 420) and transmitted to the ultrasound device 100 via the key receiver 150, which can be, for example, a network link or modem").

- receive an activation key uniquely configured to activate the option of the in-field device and a verification script to authenticate a current status of the in-field device;

(Fenstemaker et al., Specification, Column 3, Lines 35-38, "the key is generated by the remote source (step 420) and transmitted to the ultrasound device 100 via the key receiver 150, which can be, for example, a network link or modem").

(Fenstemaker et al., Specification, Column 4, Lines 49-51, "The key preferably also comprises a code that is unique to a corresponding feature (e.g., a secret feature name).").

(Fenstemaker et al., Specification, Column 3, Lines 41-43, "it is preferred that the feature control manager 130 verify the received key to ensure that it will enable the feature").

- send a report generated by the verification script to the [centralized] facility indicating the current status of the infield device; and install the activation key to activate the option if the current status of the in-field device is determined to be satisfactory

(Fenstemaker et al., Specification, Column 3, Lines 41-43, "it is preferred that the feature control manager 130 verify the received key to ensure that it will enable the feature").

(Fenstemaker et al., Specification, Column 3, Lines 44-46, "If an acknowledgement is not received or if an error message is generated, the remote source can retransmit the key").

Fenstemaker et al. does not explicitly teach the following limitation:

- the centralized facility.

However Zhang et al. in analogous art teaches the above limitation:

(Zhang et al., Specification, Paragraph [0002], "Information exchange between a centralized facility and remote medical diagnostic devices and supporting systems, such as medical imaging systems, has steadily improved in recent years. Examples of some medical devices and systems capable of exchanging information remotely include magnetic resonance imaging (MRI) systems, computed tomography (CT) systems, ultrasound and x-ray systems, and positron emission tomography (PET) systems. Typically, these systems are factory configured with several activated options including

options that a particular customer may not utilize. Some known systems permit a user to "configure" a device to its needs, but these systems require the user to determine and, often, guess as to what features will be needed in the future. To further complicate matters, customers owning multiple devices often network these devices even though they have different options activated.").

It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the teachings of Zhang et al. in to the teachings of Fenstemaker et al., because one of ordinary skill in the art would be motivated to take advantage of the advances in information exchange and control mechanisms provided by the use of a centralized facility.

As Per Claim 22: The rejection of claim 21 is incorporated and further Fenstemaker et al. teaches:

- the activation key is based upon a host ID unique to the in-field device

(Fenstemaker et al., Specification, Column 4, Lines 46-48, "In one preferred embodiment, the key comprises information that is unique to the ultrasound device, such as a serial number.").

As Per Claim 23: The rejection of claim 21 is incorporated and further the limitations of claim 23 are substantially the same as the limitations of claim 7 and are rejected under substantially the same reasoning.

As Per Claim 24: The rejection of claim 23 is incorporated and further the limitations of claim 24 are substantially the same as the limitations of claim 5 and are rejected under substantially the same reasoning.

As Per Claim 25: The rejection of claim 21 is incorporated and further Fenstemaker et al. teaches:

- the activation key and the verification script are received as a bundle

(Fenstemaker et al., Specification, Column 4, Lines 49-51, as seen in the rejection of claim 21).

(Fenstemaker et al., Specification, Column 3, Lines 35-38, as seen in the rejection of claim 21).

As Per Claim 26: The rejection of claim 25 is incorporated and further Fenstemaker et al. and Zhang et al. do not explicitly teach the following limitation:

- the bundle is compressed

However the examiner is giving official notice on the above limitation:

The use of compression is well known in the art. It would have been obvious to one of ordinary skill in the art at the time of invention was made to incorporate the use of compression in to the teachings of Fenstemaker et al. and Zhang et al., because one

of ordinary skill in the art would be motivated to take advantage of the reduction of bandwidth use as well as the increased protection of the transmitted data's integrity which is provided by the use of compression.

As Per Claim 27: The rejection of claim 21 is incorporated and further the limitation of claim 27 is a restatement of the limitation of claim 20 and is rejected under substantially the same reasoning.

As Per Claim 28: The rejection of claim 21 is incorporated and further the limitation of claim 28 is substantially the same as the limitation of claim 5 and is rejected under substantially the same reasoning.

As Per Claim 29: The rejection of claim 21 is incorporated and further Fenstemaker et al. teaches:

- the in-field device is determined to be satisfactory if the option is enableable in the in-field device

(Fenstemaker et al., Specification, Column 3, Lines 41-43, as seen in the rejection of claim 21).

(Fenstemaker et al., Specification, Column 3, Lines 44-46, as seen in the rejection of claim 21).

Conclusion

12. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to BENJAMIN A. KAPLAN whose telephone number is (571)270-3170. The examiner can normally be reached on 7:30 a.m. - 5:00 p.m. E.S.T..

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Kristine Kincaid can be reached on 571-272-4063. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Benjamin Kaplan

/Kristine Kincaid/
Supervisory Patent Examiner, Art Unit 2139